



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



22469

PATENT TRADEMARK OFFICE

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TECH CENTER 1600/2900

App Unit : 1638
Examiner : Anne R. Kubelik
Serial No. : 09/807,722
Filing : April 18, 2001
Inventor : Henry Daniell
Title : MARKER FREE TRANSGENIC
: PLANTS: ENGINEERING THE
: CHLOROPLAST GENOME
: WITHOUT THE USE OF
: ANTIBIOTIC SELECTION

Confirmation No.: 4032

Docket No.: 1467-PCT-US-00

Dated: January 3, 2003

Commissioner for Patents
Washington, DC 20231

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard

Amendment Response

Claim of Extension of Time

Transmittal Letter

Check \$465.00 and Check \$159.00

Sugita *et al.* Publication from *Plant Molecular Biology*

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, Washington, DC 20231, on the date appearing below.

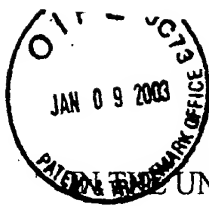
Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Schnader Harrison Segal & Lewis

Customer No. 022469

By: 

Date: January 3, 2003



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Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☒ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	41	-	** 38 =	13
INDEP.	5	-	*** 4 =	1
First presentation of multiple dependent claim				

	ADD'L FEE
RATE	
x 9=	\$117.00
x42=	\$42.00
+140=	\$

OR

	ADD'L FEE
RATE	
x18=	\$
x84=	\$
+280=	\$

\$159.00

TOTAL ADDITIONAL FEE \$159.00 OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

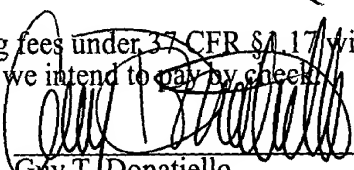
☐ Please charge my Deposit Account No. 13-3405 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$177.00 is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-3405. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.


Gay T. Donatiello
Reg. No. 33,167
Attorney for Applicant(s)

GTD:jem
(215)563-1810